

SPORT CLUB RELEASE AND WAIVER OF RESPONSIBILITY VIRGINIA COMMONWEALTH UNIVERSITY SPORT CLUB PROGRAM

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. IF THERE ARE ANY QUESTIONS CONCERNING THIS DOCUMENT, CONTACT THE DIRECTOR OF RECREATIONAL SPORTS.

Name: _____ Birthdate: _____

I, _____, desire to participate in the Sport Club Program at Virginia Commonwealth University (herein after VCU). By my signature below, I acknowledge that participation in the (write name of club in here) _____ and its activities involves an inherent risk of physical injury. I knowingly and voluntarily assume the risk of those injuries, regardless of severity, which may occur as a result of my participation in the above-mentioned sport.

I realize that participation in this activity is a privilege and not a right, and that VCU cannot offer to its students, faculty and staff, opportunities such as this club if it must be financially responsible for injuries members might suffer as a result of traveling to and from activities, training for, being coached in, using facilities or facilities or equipment for or participating in the institution's Sport Club Program. Thus, in exchange for the privilege of participating, **I CERTIFY THAT I AM FULLY RESPONSIBLE FOR MY PARTICIPATION IN ACTIVITIES OF THE CLUB, AND RELEASE AND FOREVER DISCHARGE VCU, RECREATIONAL SPORTS, ITS AGENTS, OFFICERS, INSTRUCTORS, OR EMPLOYEES FROM ANY AND ALL CLAIMS, LIABILITY FOR BODILY INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY ANY REASON WHATSOEVER, INCLUDING NEGLIGENCE; GROSS OR OTHERWISE.**

Further, I understand that this release and waiver of liability shall be effective for a period of one year from this date.

It is my responsibility to ascertain whether I have any health conditions, which makes it inadvisable for me to participate. I am informed that VCU does not provide any medical, life or accident insurance for Sport Club members, coaches or advisors. The Recreational Sports Office **strongly recommends that all club members have a medical insurance plan in effect during the period of participation in any club related activity.** I am also aware that some clubs may require proof of medical insurance as a condition for membership in the club. **I fully understand that I am personally responsible for all medical expenses, which I may incur as a result of treatment received for injuries sustained during my participation in the Sport Club activities.**

Furthermore, I am aware that the VCU Student Health Insurance Plan may not cover some of the medical costs associated with sports related injuries; that participants in Sports Club do not have access to the VCU Sports Medicine Center or Athletic Department Training Room in the Franklin Street Gym for routine services such as taping, etc. and that team members who require services such as taping, etc. and that team members who require medical attention for a sports related injury may visit the VCU Sports Medicine Center and be charged the customary and current fee for all medical services received.

I am informed that Sports Club participants travel to practices and events in privately owned vehicles for which the University does not provide any insurance coverage. Further, when transportation is furnished voluntarily by me for the purpose of participating in said Sport Club activities, it is expressly understood that I will be solely responsible for any personal injury or damage to personal property of myself, passengers or other persons in traveling to and from any location necessary to participate in the sport club activities. I understand that when my privately owned vehicle is used as transportation for me or for other club members, I will certify that my vehicle is covered under an insurance policy, which meets the minimum legal requirement in the Commonwealth of Virginia. I understand that coverage under the Virginia Department of Motor Vehicles or any other uninsured motorist fund is not acceptable.

I am informed that the Sport Club Program operates with volunteer coaches, some of who may even be team members or former team members and that it is the responsibility of each club, not VCU, to define and limit the coach's role to those activities involving his/her knowledge and skills in the area of coaching. I am aware that the clubs may practice, provide instruction, or compete on University property and/or off campus facilities.

I have read, understand and agree to abide by the published Sport Club Guidelines and any safety regulations for the Club. I certify that I have paid any membership dues and am otherwise eligible to participate.

I, the undersigned, am at least 18 years of age and hereby certify that I voluntarily sign this release, that I have read all of its provisions, and fully understand its significance.

Participant's Signature (if printed)

Date:

By Checking this box I indicate that I understand the above policies and guidelines.